



## KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602  
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)  
Fax: (502) 696-5230 ~ <http://bmt.ky.gov>

Form Revision Date:

October /2016

Fee Received:

### APPLICATION FOR LICENSURE

#### FBI BACKGROUND CHECK REMINDER

Pursuant to 201 KAR 42:035, all applicants for licensure shall submit a recent background check performed by the Federal Bureau of Investigation (FBI).

Pursuant to 201 KAR 42:040, all applicants for renewal who have been convicted of a crime or disciplined by the board of another jurisdiction during the licensure period immediately preceding the submission of the application shall submit a recent background check performed by the Federal Bureau of Investigation (FBI).

The required background check shall be applied for within ninety (90) days before the date of the application for licensure.

- If you have completed an FBI background check, please attach a copy to your application.
- If you have not applied for an FBI background check, please write a letter of explanation to the board and attach that letter to your application. Please explain in the letter why you have not completed the background check and state how much additional time you will need to complete the requirement.
- Warning: Applications received without an FBI background check or a letter of explanation will be denied as incomplete applications.



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Fax: (502) 696-5230 ~ <http://bmt.ky.gov>

Form Revision Date:

September 2015

Fee Received:

### APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST

#### INSTRUCTIONS for both INITIAL LICENSE and LICENSE by ENDORSEMENT

- Refer to KRS 309.358, KRS 309.359, 201 KAR 42:035 and 201 KAR 42:070.
- Type or print the Required Application Information legibly and complete it in its entirety.
- Attach continuation sheets if more space is needed to provide information.
- If you have been convicted of any felonies or misdemeanors attach official documents showing disposition of your case.
- Write and submit a brief description of the incident which resulted in the conviction referenced above.
- If you have ever been licensed in Kentucky or another state, attach documentation.
- If you have ever been disciplined as a massage therapist, either as a massage therapist or other health care or professional occupation, attach an explanation and supporting documentation.
- If another state has denied your application for a massage therapy license, attach an explanation.
- Submit an official transcript to the licensure board, in an envelope sealed by the school and mailed directly from the school with the clock hour breakdown showing that you have completed Kentucky's required curriculum which includes:
  - 125 clock hours of anatomy and physiology
  - 200 clock hours of massage/bodywork theory and technique
  - 200 clock hours related to the business of massage therapy
  - 40 clock hours of pathology
  - 35 clock hours at the school's discretion
- Provide proof of passage of an approved licensing or certifying exam and have the licensing or certifying exam results sent directly to the board from the agency who administers the exam.
- **Affix a two (2) inch by two (2) inch or larger passport quality color photograph of the applicant to the application form.**
- In the presence of a Notary, sign and date the application.
- Enclose the *non-refundable* fee of \$125.00. All fees paid by check or money order shall be made payable to **Kentucky State Treasurer. DO NOT SEND CASH.**
- Mail your application to the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leawood Dr., Frankfort, KY 40601.

#### REQUIRED APPLICATION INFORMATION

Last Name		First Name		Middle Initial	Maiden Name
Home Address: Street		City	County	State	Zip Code
Business Name					
Business Address: Street		City		State	Zip Code
( ) -		-	/	/	
Primary Phone Number	Social Security Number	Date of Birth	Email Address		

☐ Yes ☐ No

Are you a citizen of the United States? If no, list your country of citizenship and attach a copy of your U.S. Department of Immigration documents which grant you legal permission to work in the United States.

Country: \_\_\_\_\_



☐ Yes ☐ No Have you been convicted of a misdemeanor or violation? If yes, attach an explanation and official court documentation. Minor traffic violations do not require official documentation. KRS 309.358 (3), KRS 335B.040

☐ Yes ☐ No Have you been convicted of a felony, including a plea of nolo contendere, a guilty plea or entry into a diversionary agreement? If yes, attach an explanation and official court documentation showing the disposition of your case. KRS 309.358 (3)

☐ Yes ☐ No Have you ever been licensed, certified or registered as a massage therapist in any state or municipality? If yes, list every one below. Attach additional page, if necessary.

State or Municipality	License/Cert/Registration Number	Date Issued	Expiration Date
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☐ Yes ☐ No Have you [ever] been subjected to disciplinary action, including voluntary relinquishment, by a state or local government licensure board, NCBTMB, or a professional association of massage therapy? If yes, attach an explanation and supporting documentation.

☐ Yes ☐ No Is your license under disciplinary review in another state for massage therapy, or any other occupation or profession? If yes, attach an explanation.

☐ Yes ☐ No Have you ever been denied a license in massage therapy or any other occupation or profession? If yes, attach an explanation.

☐ Yes ☐ No Have you defaulted on the repayment obligation of financial aid programs administered by the Kentucky Higher Education Assistance Authority (KHEAA) per KRS 164.772?

► List all massage therapy schools attended on the lines below. Have school send official transcript directly to the Kentucky Board of Licensure for Massage Therapy.

Name of School	City, State	Dates Attended	Type of Degree or Diploma
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☐ Yes ☐ No Have you taken and passed a licensing exam? (Acceptable exams include NCBTMB exam; MBLE exam; Ohio Massage Therapy licensing exam; the State of New York Massage Therapy licensing exam) Licensing or certification exam results shall be sent directly to the Kentucky Board of Licensure for Massage Therapy from the testing agency.

☐ Yes ☐ No Have you been employed as a Massage Therapist? If yes, list all employment, beginning with current employment. If additional space is needed, attach an additional sheet containing this information.

Name of Facility	City, State	Dates of Employment	Position
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► If applying for License by Endorsement from a state with lower licensing standards than Kentucky, you may submit any documents that show evidence of your training and experience. Possible documents include:

- ☐ Copies of continuing education transcripts or certificates not included in initial training
- ☐ Certified transcript of healthcare related academic coursework
- ☐ Proof of teaching massage-relevant coursework
- ☐ Research
- ☐ Clinical internships
- ☐ Publications
- ☐ Massage therapy leadership positions
- ☐ Evidence of hands-on therapeutic massage or bodywork sessions, such as Log or Appointment books or Employer verification of experience. NOTE: Hands-on experience shall equal at least 4 years in lieu of other evidence.

► **LETTER OF GOOD STANDING:** If applying for License by Endorsement, provide a letter of good standing from your current credentialing body (eg. Licensing board) showing that you are in good standing, and have it submitted directly to the Kentucky Board of Licensure for Massage Therapy.

**APPLICANT AFFIDAVIT**

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, the Kentucky Board of Licensure for Massage Therapy could deny or revoke my license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Notary Commission Expires

Place Notary Seal Here: